

RESERVE OFFICER REQUEST FOR TRANSFER/TERMINATION

NAVRES 1301/5 (Rev. 11-76) S/N 0117-LF-013-0126

(Refer to BUPERSINST 5400.42 Series.)

(Prepare this form in triplicate)

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 U.S.C. 301 Departmental Regulations. The principal purpose of the information is to assist COMNAVRESFOR in effecting administrative procedures to transfer/terminate selected reserve officers. Routine uses of the information: used by Naval Reserve activities to process transfer/termination of Naval Reserve inactive duty officers. You are required to provide this information. Failure to do so may result in termination because of uncertainty regarding your intentions.

| | | | |
|-------------|-------------|------------|-------------------|
| NAME | RANK | SSN | DESIGNATOR |
|-------------|-------------|------------|-------------------|

NEW ADDRESS

| | | | | |
|---------------------|------------|-----------------------|--------------------------|------------------------------|
| PRESENT UNIT | RUC | PRESENT BILLET | EXPIRATION OF RRA | DATE OF LAST PHYSICAL |
|---------------------|------------|-----------------------|--------------------------|------------------------------|

| | | | |
|-------------------------------------|---|-----------------------------|----------------|
| INFO ON ANY EXISTING WAIVERS | DATE OF EXPECTED ARRIVAL IN NEW AREA | NO. DRILLS PERFORMED | |
| | | THIS QTR | THIS FY |

FROM

| | |
|-----------|------------|
| TO | VIA |
|-----------|------------|

| | |
|--|--|
| REFERENCE (a) NAVPERS (b) | <i>Enclosure (if appropriate)</i> OFFICER QUALIFICATION QUESTIONNAIRE, CNAVRES 1301/4 |
|--|--|

Request (Check one)

- ☐ REFERENCE (a) BE TERMINATED (IN ACCORDANCE WITH REFERENCE (b) IF APPLICABLE) EFFECTIVE _____
- ☐ REFERENCE (b) BE MODIFIED (AS INDICATED BY REFERENCE (b) IF APPLICABLE) EFFECTIVE _____

| | | |
|----------------------|---------------|-----------------------|
| SQUADRON/UNIT | BILLET | EFFECTIVE DATE |
|----------------------|---------------|-----------------------|

| | |
|---|---|
| REASON/REMARKS <input type="checkbox"/> OFFICER'S OWN REQUEST <input type="checkbox"/> OTHER | APPROVED/DISAPPROVED: _____ (DATE) _____ |
|---|---|

| | |
|---------------------------|-------------|
| MEMBER'S SIGNATURE | DATE |
|---------------------------|-------------|

FROM

| |
|-----------|
| TO |
|-----------|

Recommend (Check one)

- ☐ APPROVAL
- ☐ DISAPPROVAL

TRANSFER TO

| | | |
|----------------------|---------------|-----------------------|
| SQUADRON/UNIT | BILLET | EFFECTIVE DATE |
|----------------------|---------------|-----------------------|

REMARKS

| | |
|------------------|-------------|
| SIGNATURE | DATE |
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